2025 Presbytery of South Louisiana Terms of Service for Congregational Pastors

(Commissioned Pastors, MWS in Temporary Service, and Pastors from other Denominations)

ThePresbyterian Church (USA) of (location)	
belonging to the Presbytery of South Louisiana, being well satisfied with your qualifications for mit that we have been led to you by the Holy Spirit as one whose service will be profitable to the spirit church and fruitful for the Kingdom of our Lord, earnestly and solemnly calls you (name)	inistry and confident ual interests of our
to undertake the office ofthis congregation	
That you may be free to devote yourselfFull-time(35 hours perweek or more, according to the	Board of Pensions)
Part-time(number of hours per week)	4b 4- b -1
to the ministry of the Word and Sacrament among us, we promise and obligate ourselves to pay you	
The length of this term is, from to	
Form of Service: Commissioned Pastor Interim/Transitional Stated Supply From	
Is the pastor retired? \(\sum \) Yes \(\sup \) No \(\sup \) Othe	r
INCOME	
(Income subject to SECA calculation)	
1. Annual Cash Salary \$	
2. Housing /Utilities/Manse \$	
3. Total SECA Income (Add lines 1+2): \$	
(Income NOT subject to SECA)	
4. Deferred Compensation (eg. 403(b) employee contributions, etc) \$	
5. Other (specify) \$	
	> [
6. TOTAL EFFECTIVE SALARY (Add lines 3+	+4+5): \$
BENEFITS AND PENSION	
For BOP Benefits options, please call Kevin Keaton (215 435 130 or visit https://www.pensions.org/decision-guide/	01)
7. Choose one of the following 4 options:	
a. Paid to Board of Pensions for Congregational Pastors plan \$	
Please describe BOP Coverage plan offered b. Paid to Board of Pensions for Covenant plan \$	
c. Paid to Board of Pensions for Post-Retirement Service Dues \$	
d. No benefits provided \$ 8. Paid to Board of Pensions for Optional Benefits \$	
(specifyeg. Vision, Dental etc.)	
9. TOTAL PAID TO THE BOARD OF PENSIONS (Add lines 7+8):	
	\$
ALLOWANCES:	
10. SECA tax allowance, up to 50% (7.65% x <i>line 3</i>) \$	
11. Other Allowances (specify)(eg. Employer 403(b) match)	
12. TOTAL ALLOWANCES (Add lines 10+11):	: \$
12. TOTAL ALLO WAINCES (Add lines 10+11).	Ψ

REIMBURSABLE EXPENSE	S:			
13. Automobile14. Continuing Education (min15. Professional16. Other (specify) <i>e.g cell phon</i>		ng Expenses	\$ \$ \$	
17. TOTAL REIMBU	JRSABLE EXPENS	ES BUDGETED (A	Add lines 13+14+15+16)	: \$
18.	TOTAL	COST TO CHURC	H (Add lines 6+9+12+17)	: \$
OTHER BENEFITS:				
Vacationweeks (PSL n Study leaveweeks (PSL n Other (specify)	ninimum of 2 weeks *	For 1 year contracts		
ADDITIONAL AGREEMEN	NTS:			
Family Leave: Should the need medical leave. During Paid Le paid to and benefits provided be extend leave time at your discrepersonal Loss. (G-2.0804) For	ave, the pastor will co by the Board of Pensic etion. Examples of M	ontinue to receive all ons. Use of vacation ledical Leave include	benefits in these terms of c time is not required but m :: Parental Leave; Caregive	call, including dues hay be used to r/Family Leave;
APPROVAL:				
The members of this session, in for The Terms of Service will be revia vote of the session. For tax pure retroactive, so please act prompt	, effective iewed for renewal at le poses, changes are eff	(date). east yearly after a pe	rformance review, unless s	pecifically changed by
Clerk of Session or Congregational	Witness Da	·	g Elder Date	Date